9-2004 11:29 FROM:TERF	RY AND ELAINE HAR 319	92277868	TO: 15152813701	P.3
FOR INSTRUCTIONS, SEE BAI DISCLOSUR COMMITTEE NAME (Must be sa	E SUMMARY PAGE		FORM DR-2 (Rev. 07/2004	DISCLOSURE REPORT
(ommittee to Ele IMPORTANT: Indicate by # type of of (1) Statewide/Legislative/Judge Stan (4) County Central Committee (5) Corner Political Subdivision Candidate (8) Condition PAC (11) Local Ballot In CANDIDATE COMMITTEES ON Candidate Name Terry tarringtor	ct Crry Harring to Committee you are reporting for Committee you are reporting for Committee you are reporting for Committee you are reported to Committee you will be county PAC (9) City PAC (10) Seesue LY:	State PAC (3) State Party te (7) School Board or Other	Scanned Computer Audited Late reports a possible civil a	om om
Elyni Lawn of SIGNATURE OF PERSON FUND	~	3/9-227-786	 <u>/</u> 2 DATE	9/04 SIGNED
(report of CHECK IF AMENDMENT TO R	DEC 0 9			r Date of Election
	STATEMENT O	OF CASH ON HAND		
CASH ON HAND at the beginning committee. This amount of the last reporting period	of the reporting period. (Total MUST be the same as the cas d or must be zero if this is first			6.83
ADD TOTAL MONEY TA				
Schedule A: Cash Contri	butions total (Attach Schedule	A) (*also see in-kind below)) <u>7</u>	12,00
Schedule F: Loans Rece	ived total (Attach Schedule F).	***************************************		0

C Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL\$ 878.83 SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?) VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

For Instructions, See Back of Form	Reset Form	SCHEDULE	MONETARY
CONTRIBUTIONS — MONEY TAKEN IN (Including candidate's personal funds)	<u> </u>	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IDWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of Information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOI FUND- RAISER INCOME
	ID#	(osh (own fund)		162.00	
	ID#	(Cash Cown fund)			
	CK#	last comp Fanny		100.00	
	ID#	Cash (own fund)		400.00	
	CK#			700.00	
	ID#	Jim Oberrenter Watkins, IA	Friend	50.00	<u> </u>
	CK#				
	CK#	Dennis Frese Wattins, IA	Friend	50.00	
	ID#	Thelma Frese	Friend	<i>5</i> 0. ου	
	CK#	Watkins, In)-riena	0 ** 0	L
	ID#				
	ID#		- 		
	CK#				
	IO#:		1		
	CK#				L
-	ID#				
	CK#				L
			SUB-TOTAL	\$	
		TOTAL (If last pag	e of this schedule)		

* Disclosure law requires conditate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the retationship column.

Page / of /

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ما (CK#	Postmaster Vinton, Ia	Mailings	\$ 19.38
	ID# CK#/0/7	Shellsburg Cable IFMTCS Shellsburg, Jowa	Advertisements	16.00
// /	CK# / 0 / 8	Belle Plaine Union P.O. Box 208 Belle Plaine, Ta	Cable Ads	19.00
	ID# CK# _{/01} 9	Coon Creek Blairstown, IA	Cuble Ads	14.84
	ID# CK#/020	Cedar Valley Times 108 E. 5415+ Vinton Ia	Advertisements	235.50
	ID# CK#/02/	Star Press P.O. Box aug Belle Plaine, IA	Advertisement	100.00
	ID# CK#/022	MBNA (charge card)	Yard signs	384.48
	ID# CK# /ø a 3	Live wire 118 E. 5 d Sy. Vinton, IA	Thank You Ad	S8.40
	,,,,, =		SUB-TOTA	\$ 827.60

827.60

TOTAL (if last page of this schedule)

\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail Itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page	,	1	of	2
3 -				

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form			-	-		
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		K CS	CL 1	'O	ш	
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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE 10WA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE				
B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF AMENDING FORM				

COMMITTEE NAME	(Must be same	as on Statement	of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursament) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	Stor Press	Thonk You's Ads	
	CK#/024	P.O. Box 208 Belle Plaine IA		\$ 35.40
	ID#		Ť	
	CK#		,	
-	ID#	Back to	10st in	6.3
!	CK#	own occount	checking account	, 83
	1D#			
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	CK#			
	ID#			
	CK#			
		1	SUB-TOTAL	\$ 35.40

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schodule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

Page 2 of 2

TOTAL (If last page of this schedule)

(for Schedule B)

FOR INSTRU	CTIONS, SEE BACK OF FORM			SCHEDULE	
	E NAME (Must be same as on Statement of Organiza	CHECK	IN KIND CONTRIBUTIONS THIS BOX IF NG FORM		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
	Auditor Benton County Court House Vinton, IA		List of nomes	15.00	
•					
•			SUB-TOTAL	S	
			TOTAL (If last page of this schedule)	s 15.00	

Page / of / (for Schedule E)

^{*}Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

		ns Saving			Page	
Wednesday Cl	F Inquir	'y - DDA H	istory		2:56	mcj
ODA History for Account Number	÷r=	14795 C	ustomer Name	: HARRIN	STON TERR	
TERRY HARRINGTON		ny namana ataona pangana anggan a	. The same water some agent rate speed from early 1999 being to		dia ant, apar Proc live, gett des annu drêr over	••••
FOR SUPERVISOR			Current Bal	Lance	и	00
OR ELAINE HARRINGTON			Available I	Balance	11	00
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WATKINS IA 52354			Home Phone Work Phone		319) 22778	68
Tax ID 482-62-9217 Alt Add	loose G		Work Ext			
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Balance Forward					1,135	
10705704% Check			1013	384.00	75 <u>1.</u>	
10/05/04* Check			1012	674.60		. 59
10/07/04* Deposit		····		500.00	576	
10/08/04* Check			1.004	409.50	167	
10/15/04* Deposit			4.034.7	100.00	267	
10/15/04% Check		or there work a second of the	1014	100.26	166	
10/22/04% Check			1017	16.00	150	
10/22/04* Check			1016	19.38	1.31	
10/25/04* Check			1018	19.00	112	
10/27/04* Deposit	From	14860		200.00	315	
10/27/04* Check			1.020	235.50		. 95
10/29/04% Check			1019	14.84		. 1.1.
11/04/04% Deposit	From	14860		100.00	168	
11/04/04* Check			1021	100.00		. 1.1.
11/09/04* Deposit	From	14860		400.00	462	
11/09/04* Check			1055	384,48		. 63
11/18/04% Check			1023	38.40	:-	. 23
11/23/04% Check			1024	35.40	***	. 83
11/29/04* Service Charge	* Incl	udes Tax		3.00		. 83
12/01/04 Closing Withdrawal				. 83		. 00
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